2017 - 01 - NT - 0M - 00186728

FEC FORM 3X

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 JAN 31 AM 11: 48

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5		
LIONG I ISLUAN	MD ILIAIW IEINIFO	RICAMEINTI 170	MOITIPONUL		
				السسسا	
ADDRESS (number and street)	86181 Churric	H STAR CT			
Check if different than previously			 		
than previously reported. (ACC)	Blowamia	130 hem 1a 11 116-11			
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲					
000570	3. IS	STHIS NEW PORT (N) OF	AMENDED (A)		
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2) May 20 (M	5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M6	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
्रिक्टी April 15	Apr	20 (M4) Jul 20 (M7) Ct 20 (M10)	Jan 31 (YE)	
Quarterly Repo	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)	
July 15 Quarterly Repoil October 15 Quarterly Repoil	Report for the:	Convention (12C)	Special (12S)		
Quarterly Report January 31 Year-End Report	Floatio	a da a		in the State of	
July 31 Mid-Yea Report (Non-ele Year Only) (MY	ection (d) 30-Day	General (30G)	Runoff (30R)	Special (30S)	
Termination Re	Port Report for the:	[MCH] / [CTO]	· Letterheiterheiterhall	in the	
	Election	on on	A STATE OF THE STA	State of	
5. Covering Period	TO TOTAL METERS	' E 9 "		The state of the s	
I certify that I have examine	ed this Report and to the best of	my knowledge and belief it is	true, correct and comple	te.	
Type or Print Name of Treas	surer Joseph 11	XX/)			
Signature of Treasurer	1/ple	N/	Date 01/3	oʻlaci.	
NOTE: Submission of false erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109					
Office Use				FORM 3X Rev. 05/2016	